

Provider Perspective



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SANFORD
HEALTH PLAN

The new era of the provider-payer relationships

By: Timothy P. Donelan, MD

Happy New Year! Not only did we turn over another year, but a whole decade is in the rear view mirror. Many will impart thoughts to what this passage of time really means, while others will trudge forward less concerned nor aware as we are all different in our viewpoints. I tried to place myself recently in the minds' eye of the clinician since I have been there. What has the past meant to your practice and what will the future bring?

The first thing I thought of was how Sanford Health Plan operates in our important relationships. Internally, we deduced we are caregivers in every sense of the word. This may sound audacious to say, but the many RNs, LPNs, MAs and MDs that work here are really working for the patient. To bring this to reality is to know your practice and your needs as a valued clinician.

For Sanford Health Plan, our strategic plans and relationships call for looking forward to the decade we have ahead of us, not to look back at the last decade, except to learn what not to do. When I think about the decade gone by, many things both personal and professional come to mind. If I look a decade ahead, I see a different version of medical care and system collaboration. Many of these visions were developing a score ago.

Today, we are currently in, and have been in, a new era of medicine for several years. The sentinel signs

of change are not uncommon and daily observances swirling around us predicts the ever-stronger movement towards patient empowerment, the value of the medical experience, and the results measured in quality and outcomes.

As we all hear these clichés, we understand how real they are. Reflecting on this, Sanford Health Plan will be increasingly visible and accessible to you for assisting the success of your practice into the new era. The improvements necessary to create powerfully effective strides forward are many, and I wanted to highlight a few:

- The main key to success will be regular and open communication
- We will collaborate and understand each other's needs
- Realistic and attainable goals are necessary
- Use of data insights together to promote care gap closure
- Medical policy collaboration

An integral department at Sanford Health Plan is the Provider Relations department. Fostering the above goals, this department is in continuous improvement mode to create perpetual communication for preemptive understanding on all sides. The value of our relationship with you cannot be understated and I want to introduce you to our new Director, Chad Roggow.

Our conversations going forward will focus on a broader approach to the complexities of current medical care with a deep understanding of the current challenges you encounter to deliver that care. We want you to know we understand, and we are excited for the next decade to reveal clinicians remain a priority focus of our mission. We cannot do it without you.

Sincerely,



Timothy P. Donelan, MD
Vice President, Medical Officer
Sanford Health Plan

Welcome to Sanford Health Plan

Chad Roggow, Director of Provider Relations

Before joining Sanford Health Plan as Director of Provider Relations, I served as Director of Clinic Operations for Sanford Digestive Health on campus at the Sanford Medical Center in Sioux Falls. Prior to joining the Sanford family, I spent twelve years at DAKOTACARE in provider relations. I am very hopeful that my years of experience working in different capacities with physicians, we will be able to focus the Sanford Health Plan Provider Relations team to support bridges in any gaps of communication between the plan and its physician community. One of our main goals will be to enhance the tools we are currently using to communicate with, which will help us work towards more physician involvement with Sanford Health Plan. This will ultimately create a unique and differentiating member experience with our providers for 2020 and into the future.



Chad Roggow
Director of Provider Relations
Sanford Health Plan

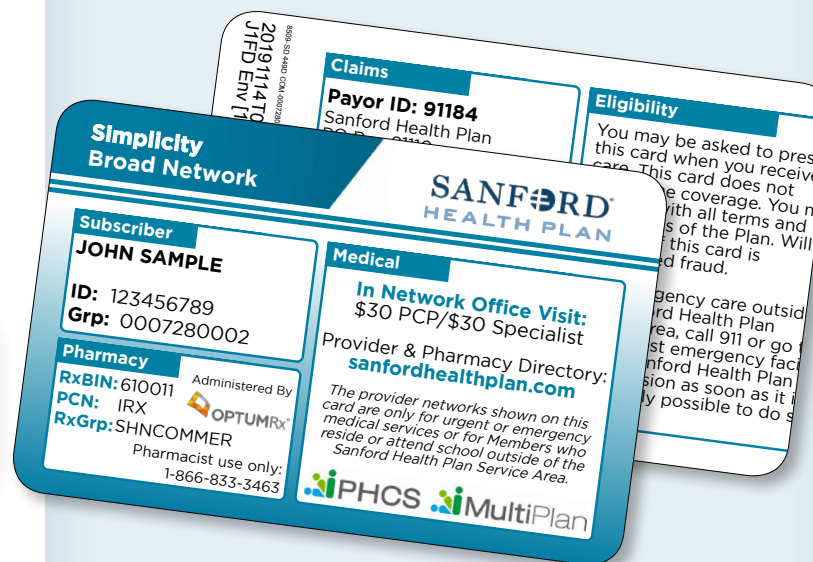
Have questions about Coronavirus and Sanford Health Plan coverage? Visit [sanfordhealthplan.com](https://www.sanfordhealthplan.com) to learn more.

ID cards to be re-issued throughout 2020

The Sanford Health Plan will be issuing new subscriber ID cards in 2020. However, not all Sanford Health Plan members will receive them immediately, as cards will be issued as member groups are renewed for the year.

The new ID card will be easier to read and the type will be larger. It will display only the subscriber name and ID. It will display the nine digit subscriber number and omit the two digit suffix (02, 03, etc.,) which was previously used to identify a spouse and dependents. Providers will no longer need to submit the 2-digit suffix when submitting claims, as Sanford Health Plan does not need those digits for processing. Claims for all members under the subscriber's number should be submitted with the 9-digit number.

Subscribers will receive two copies of the card and it can be used for all dependents. Members may order additional cards by contacting Customer Service. Members with single coverage will receive one card. [CLICK HERE](#) for details on new ID cards.



TIMELINESS OF CARE SURVEY

Sanford Health Plan takes pride in ensuring that our members have proper access and availability to quality health care providers. We feel it is important to monitor the established policies and procedures of the Plan's participating providers to ensure member access to medical care and services is timely and appropriate. The criteria for appropriate access and availability included in these policies is available via your [PROVIDER PORTAL](#).

To measure compliance with NCQA required standards, Sanford Health Plan sent a paper survey to a sampling of network providers. The survey sampled:

- Three percent of primary care providers
- Five percent of behavioral/mental health and/or substance use disorder prescribing and non-prescribing providers
- Five percent of maternity/OBGYN providers
- Five percent of high-volume specialty providers (excluding maternity/OBGYN since this is assessed in a separate sample)
- Five percent sample of high-Impact specialty providers (excluding maternity/OBGYN since this is assessed in a separate sample)

The survey asked what appointment options were available for patients with emergent, urgent and routine needs, as well as coverage for after hours and on-call providers. Specialty standards applied to each type of high volume and high impact specialty noted in the definitions. Clinics and participating providers will continue to receive education regarding the standards through the provider newsletter. All clinics in the survey have received follow up letters with their clinic's results as well as a copy of the Plan's access standards.

Congratulatory letters were sent to those clinics meeting the standards. Letters were also be sent to clinics not meeting the standards, and action plans will be requested from them. Sanford Health Plan Provider Relations department will be following up with these clinics after three months to measure compliance with the failed standard(s).

North Dakota Department of Human Services to take over administration of NDME pharmacy claims

In compliance with SB 2012, effective Jan. 1, 2020, the North Dakota Department of Human Services took over administration of processes and pay North Dakota Medicaid Expansion pharmacy claims instead of Sanford Health Plan/OptumRx®. Members who obtain prescriptions from providers who are not enrolled with the state of ND will not have those prescriptions covered by ND DHS as of Jan. 1, 2020. Only prescriptions written by providers enrolled with the state of ND at the time the prescription is written are eligible for reimbursement through ND DHS.

Please direct all questions regarding prescription coverage through North Dakota Medicaid Expansion to the North Dakota Department of Human Services at (800) 755-2604 or TTY (Relay Number) at (800) 366-6888.

Behavioral health resources

(Quick Reference Cards)

As you know, clinical depression is one of the most common mental illnesses and is the second leading cause of disability worldwide. Depression is a serious, but treatable, medical condition that can cause people to disengage with their daily lives, complicate and interfere with treatment of other medical conditions, or become deadly if left untreated.

As a health plan, we have implemented steps to encourage our members to seek effective treatment upon diagnosis and continue that treatment to ensure a healthy, productive life. Because the primary care practitioner is most often the first (and perhaps only) place that people seek help, Sanford Health Plan has provider tools for these encounters. This information is also available to neurologists, psychologists and counselors to assist in the referral process. These tools include Quick Reference Behavioral Health Cards, which list behavioral health care providers in your region available for referrals.

We ask you to consider these as resources for patients that come in with symptoms of a mental health or substance use disorder. Sanford Health Plan has resources and screening tools available on depression, anxiety, ADHD and bipolar disorder.

These Quick Reference Cards can be found in the [PROVIDER PORTAL](#) and are available for the following regions:

- ✓ Iowa
- ✓ Minnesota
- ✓ North Dakota
- ✓ South Dakota

Preventive health guidelines and immunization schedules

The preventive health guidelines and immunization schedules for children and adults are available in your [PROVIDER RESOURCES](#).

Thank you for your help in ensuring our members receive these important services. We believe that health promotion and disease prevention are valuable tools in the detection and treatment of preventable illnesses. Contact Provider Relations for a printed copy or visit the medical guidelines tab on our provider portal.

Points to remember:

- Prior authorization is not required for in-network providers providing care within preventive guidelines
- Annual services are allowed one time per calendar year, and are not required to be spaced 12 months apart
- Services performed outside of these guidelines, and with a medical diagnosis, will be applied to member's deductible and coinsurance
- Preventive services are provided to members as listed unless otherwise stated in the member's plan document (i.e. Summary Plan Description, Policy, Certificate of Insurance)

Some insurance companies do not allow members to obtain immunizations prior to their birthday, and there has been some confusion regarding our policy for immunizations. Sanford Health Plan allows immunizations for members to be done within the calendar year.

Specialty referrals

If you have a Sanford Health Plan member requiring a specialist, and the practitioner they are requesting is unavailable, please assist them by offering alternative options. In some instances, the members may need to be seen by a specialist, but that specialist is unavailable for a variety of reasons.

Often times, a similar specialist may offer services right in your own clinic. In those instances, we ask for your assistance in offering these patients the option to see other like specialists in your clinic. If your specialist is unavailable and you do not have other options available in your clinic, please refer that patient to Sanford Health Plan Customer Service department at **(605) 328-6800** or **(800) 752-5863** and our team can assist the patient in finding an alternate practitioner.



2019 Provider Satisfaction survey results

Thank you to all of the providers and staff who participated in Sanford Health Plan's 2019 annual provider satisfaction survey. Your feedback is greatly valued and we were excited to see an increase in responses again this year. We continue to provide ongoing member and provider education related to the utilization management process, what prior authorization is, what services require prior authorization and how to request prior authorization. This information is also available on our website at SANFORDHEALTHPLAN.COM or by calling our Utilization Management department at **(605) 328-6807** or **(800) 805-7938**.

As you know, communication between primary care physicians and specialists, including behavioral health specialists, is crucial to the overall care of patients. Sanford Health Plan's goal is to ensure that our members

receive seamless, continuous and appropriate care regarding diagnosis, medication and treatment plans in both inpatient and outpatient settings. Coordination of care is essential to promote safe, proper and unduplicated health care services. In an effort to foster coordinated care, we ask you to remember these important aspects of coordination of care:

- Systematically send relevant clinical information in a timely manner to the practitioner the patient is being referred to or has been referred from.
 - o Diabetic patients: Provide annual eye exam results to the PCP or request results from the optometrist/ophthalmologist
 - o Cardiac patients: Ensure patient has lipid panel ordered annually by either the PCP or cardiologist
 - o Communicate any changes in the treatment plan to all members of the patient care team
- Review clinical information in a timely manner and determine if further contact is needed to initiate additional care.
- Contact patients after discharge from a facility and coordinate follow-up care with the patient and/or family.
- For patients transitioning to another level of care, develop a transition plan with the patient and/or family.
- Use your state's Immunization Registry for an easy way to communicate with fellow practitioners regarding immunizations your patients have received. This can be used to fill in the blanks when a patient has emergent care or moves to a new provider. It can also be used when you are receiving a new patient that has no personal record of their vaccinations. Your office can obtain a login through your State Department of Health.

Did you know...

Clinical practice guidelines

The Sanford Health Plan Physician Quality Committee reviews and has adopted yearly the clinical practice guidelines. They are currently reviewing 2020's updates. The complete listing from 2019's adopted guidelines is available on our [WEBSITE](#).

Utilization Management and prior authorizations

The goal of Sanford Health Plan's Utilization Management program is to encourage the highest quality care from the right provider in the right setting. We aim to ensure that provided services are medically necessary and in compliance with the benefits of the plan.

Utilization Management (UM) decision-making is based only on appropriateness of care and service and existence of coverage. Sanford Health Plan does not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service care. Any financial incentives offered to UM decision-makers do not encourage decisions that result in under-utilization and do not encourage denials of coverage or service. Decision-makers sign an "Affirmative Statement Regarding Incentives" verifying the above conditions.

There are several options for requesting prior authorization through UM. You can use your secure [mySanfordHealthPlan account](#), phone or fax.

Prior authorization is the urgent or non-urgent authorization of a requested service prior to receiving the service. During the prior authorization process, members and providers work together to get approval from Sanford Health Plan to provide coverage for specific procedures, medications or durable medical equipment. Sanford Health Plan's decision is based on a combination of medical necessity, medical appropriateness and benefit limits.

All requests for certification must be made at least three business days prior to the scheduled admission or requested service. In the event that health care services need to be provided within less than three business days, contact UM to request an expedited review. The member is ultimately responsible for obtaining prior authorization. However, information provided by the provider's office also satisfies this requirement.

The date of receipt for all requests will be the actual date of receipt, whether or not it is received during normal business hours. After normal business hours, callers may leave a message on the confidential voicemail of the Customer Service, UM, Pharmacy, or Appeals and Denials department and a representative will return their call the following business day. Communications received

after normal business hours are returned on the next business day and communications received after midnight on Monday-Friday are responded to on the same business day. Staff will place outbound calls regarding inquiries during normal business hours as needed, and no later than 24 hours after the initial inquiry call.

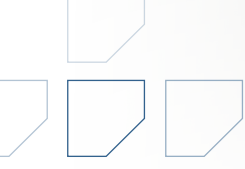
Remember

- Prior authorization is never needed for emergency care
- All referrals to non-participating providers (at the recommendation of a participating provider) require prior authorization
- Admission before the day of non-emergency surgery will not be covered unless the early admission is medically necessary and specifically approved by Sanford Health Plan. Coverage for hospital expenses prior to the day of surgery at an out-of-network facility will be denied unless authorized prior to being incurred.

Services requiring prior authorization

Sanford Health Plan's [prior authorization list](#) is based on our commercial plan and is subject to change based upon Sanford Health Plan Medical Management policy updates. Please note that authorization requirements for other plans offered by Sanford Health Plan may vary slightly. Contact Sanford Health Plan's Utilization Management department for additional information.

If you have a question about decisions or the criteria used in decision making, contact Utilization Management between 8 a.m. and 5 p.m. CT, Monday through Friday. After business hours, you may leave a confidential voicemail and a return call will be made the next business day. Requests may also be submitted by fax or the member provider portal.



How to access medical guidelines

Sanford Health Plan makes medical guidelines available to providers within the mySanfordHealthPlan provider portal.

We follow Milliman Care Guidelines (MCG) medical guidelines in most cases, but also have some of our own developed medical guidelines and add-on addenda. Cite for Guideline Transparency (CGT) provides access to MCG medical guidelines. Note: Providers will be required to sign in and receive a pass code each time they access CGT.

To access all of Sanford Health Plan's medical guidelines, go to the 'Medical Guidelines' tab in the provider portal. To sign up for an account, [CLICK HERE](#).

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Any financial incentives offered to UM decision-makers do not encourage decisions that result in under-utilization and do not encourage denials of coverage or service. Decision makers sign an "Affirmative Statement Regarding Incentives" verifying the above conditions.

Any questions regarding the medical guidelines should be directed to Utilization Management.

Annual notices

Member Annual Notices started going out in the mail to all subscribers at the end of February. These annual notices will go over any benefits and updates to that subscribers plan for the coming year. Provider Annual Notices will be coming out later in the year.

Social Determinants of Health and continuity and coordination of care

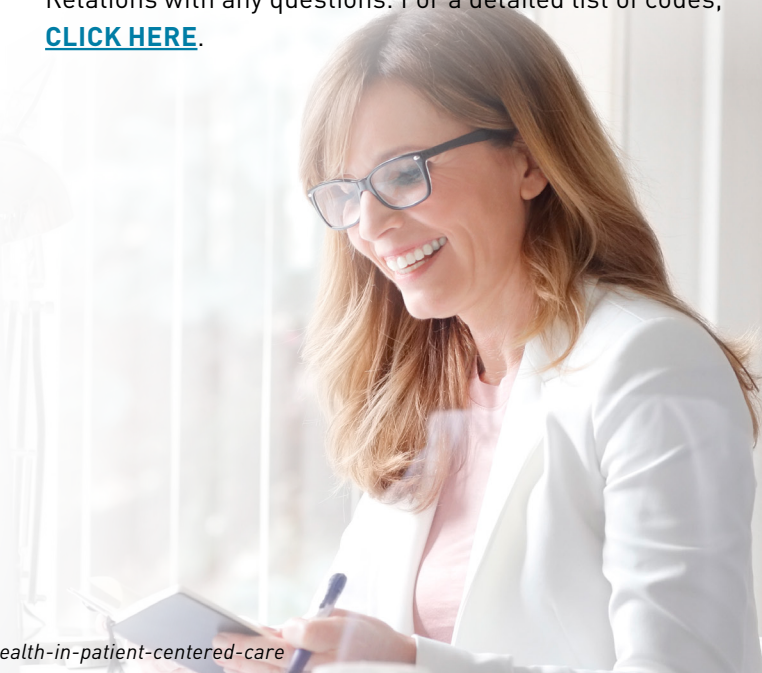
Social Determinants of Health (SDOH) are becoming important in whole person care and addressing SDOH will help you achieve better outcomes with members. SDOH is defined as “*the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life*”¹. SDOH are primarily rooted in resource allocation which can include socioeconomic status, education, the physical environment, employment, social support networks, as well as access to health care all of which impact a patient’s ability to obtain and maintain money for food, housing, medication, and transportation.

As the provider, you may provide the highest quality care but after patients are treated and go back into an environment there may be underlying factors that prevent them from following their treatment plan. To solve this, it is important providers and payers understand what patients may be facing in their daily lives and how to treat the whole person rather than just their symptoms. Sanford Health Plan wants to collaborate with providers to help identify member needs to ensure SDOH factors are addressed and improve outcomes across all care settings. This partnership will also improve care coordination so members receive the right care at the right time in the right place.

Eighty percent of health outcomes are influenced by different SDOH factors a patient may be experiencing. “*Clinical care currently accounts for only 20 percent of health outcomes*”². In order to provide quality care and improve population health outcomes, providers need to

address social determinants of health. Much of this data already exists in providers EHR’s as a result of health risk assessments. To capture and transform this data into actionable information, it is vitally important to focus on addressing the variability in capturing and documenting social determinants to ensure patients have positive health outcomes.

Sanford Health Plan has identified social determinant codes to assist providers in overcoming the barriers and challenges of capturing social determinants of health. Providers can use SDOH codes to identify patient barriers to care and enhance the continuity and coordination of non-health, medical and behavioral care for patients. Sanford Health Plan strongly advises that all providers use these SDOH codes on all claims submitted to Sanford Health Plan. Please contact Sanford Health Plan Provider Relations with any questions. For a detailed list of codes, [CLICK HERE](#).



Resources:

¹ https://www.who.int/social_determinants/en/

² <https://patientengagementhit.com/news/using-social-determinants-of-health-in-patient-centered-care>

Nominate other providers

Do you know a primary care provider, specialist, therapist, counselor, psychiatrist, or psychologist that would be a benefit to your patients to be contracted with Sanford Health Plan? Did you know you can nominate them online or by calling customer service? Follow the instructions [HERE](#) to complete the nomination request. Sanford Health Plan will contact the provider that has been nominated to see if they are interested in starting the credentialing process.



Medical record requests for HEDIS chart review and quality reporting: February–May 2020

Providers are encouraged to inform their staff of upcoming medical record requests and timeline for HEDIS chart reviews, which began in February and goes through May 2020.

The purpose of HEDIS (Healthcare Effectiveness Data and Information Set) reporting is for a health plan to evaluate its performance in terms of clinical quality and customer service. HEDIS is reported annually as required by state & federal agencies, as well as the National Committee for Quality Assurance (NCQA). As both state and federal governments continue toward a quality driven health care industry, HEDIS rates are becoming more important to both health plans and providers. [LEARN MORE](#) about HEDIS.

Provider responsibilities regarding medical records requests can be found in Sanford Health Plan’s provider manual and policy, which is considered an extension of the Sanford Health Plan provider contract.

What to Expect: Sanford Health Plan quality reviewers began reaching out to providers beginning in February with a letter outlining the essential documents and information needed, along with submission instructions for this review. Additional follow up requests may be sent through early May.

If the volume of records requested is too large, or you do not have adequate staff to complete the chart retrieval, we encourage Providers to reach out to us using the following options to determine another authorized method to collect the information:

Email: HEDIS@sanfordhealth.org

Phone: (605) 328-6839

Phone – Toll Free: (877) 305-5463, request Tracy at extension 86839

Records reviewed by Sanford Health Plan are kept completely confidential, and member specific information is not provided to outside sources, including employers. As a reminder, protected health information (PHI) disclosed for purposes of treatment, payment or operations, including quality improvement activities such as HEDIS reporting, is permitted by privacy rules according to Health Insurance Portability and Accountability Act (HIPAA). Additional consent or authorization from the member/patient is not required.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Contact Us:

CONTACT FOR: Eligibility & benefits, claim status, provider directory, complaints, appeals, report member discrepancy information

 memberservices@sanfordhealth.org

Customer Service

Monday-Friday, 7:30 a.m. to 5:00 p.m. CST | 800) 752-5863

NDPERS Customer Service

Monday-Friday, 8:00 a.m. to 5:30 p.m. CST | (800) 499-3416

ND Medicaid Expansion

Monday-Friday, 7:30 a.m. to 5:00 p.m. CST | (855) 305-5060

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

 pharmacyservices@sanfordhealth.org

Pharmacy (855) 305-5062

NDPERS Pharmacy (877) 658-9194

ND Medicaid Expansion (855) 263-3547

CONTACT FOR: Preauthorization/precertification for medical services

 um@sanfordhealth.org

Utilization Management (800) 805-7938

NDPERS Utilization Management (888) 315-0885

ND Medicaid Expansion Utilization Management (855) 276-7214

CONTACT FOR: Assistance with fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/ updating information, provider education

 providerrelations@sanfordhealth.org

Provider Relations (800) 601-5086

CONTACT FOR: Requests to join the network and contract-related questions and fee schedule negotiation

 sanfordhealthplanprovidercontracting@sanfordhealth.org

Provider Contracting (855) 263-3544

Hearing or speech impaired TTY | TDD (877) 652-1844

Translation Assistance for Non-English Speaking Members (800) 892-0675